

Missouri
Women's Health Services Program
Section 1115 Quarterly Report
Demonstration Year XXXX, Quarter XXXX
Submitted XXXXXXXX

Introduction

This waiver was originally approved by the Centers for Medicare and Medicaid Services (CMS) as part of Missouri's Section 1115 Demonstration Project, No. 11-W-00122/7, entitled, "Managed Care Plus (MC+)," for the period beginning May 1, 1998 through March 1, 2004 and was subsequently extended through September 30, 2007. Effective October 1, 2007, Missouri implemented the Missouri Family Planning Expansion Project entitled, "Women's Health Services Program", which ran through September 30, 2010. CMS has approved a three-year renewal of the program through September 30, 2013. The MO HealthNet Division received a letter from CMS on June 24, 2012 which included Special Terms and Conditions that extended the 1115 Family Planning Demonstration through December 31, 2013. On June 27, 2013 MO HealthNet received a letter from CMS granting a temporary extension of the Missouri's Women's Health Services Program (Project No. 11-W00236/7) demonstration until December 31, 2014, under the current special terms and conditions. In August of 2014, MO HealthNet submitted an application to CMS for a three year extension of the 1115 Demonstration project, which was approved and was effective January 1, 2015 through December 31, 2017.

Executive Summary

Missouri's Women's Health Services Program, the 1115 Family Planning Demonstration, expanded Medicaid coverage for women's health services to uninsured postpartum women who are 18 through 55 years of age and losing their Medicaid eligibility 60 days after the birth of their child. Effective January 1, 2009, the 1115 Family Planning Demonstration expanded Medicaid coverage for women's health services to uninsured women who are at least 18 through 55 years of age with a net family income of at or below 185% of the Federal Poverty Level (FPL) and with assets totaling less than \$250,000. Effective January 1, 2014 Missouri Statutes were revised to require eligibility determination through the Modified Adjusted Gross Income (MAGI) methodology. Income assets are no longer regarded in the determination and the Federal Poverty Level (FPL) was changed from 185% to 201%.

Missouri's goals under this Demonstration are:

- To provide access to contraceptive supplies and information on reproductive health care and women's health services to the Demonstration population;
- To reduce the number of unintended pregnancies in Missouri;
- To reduce Missouri's Medicaid costs by reducing the number of unintended pregnancies by women who otherwise wouldn't be eligible for Medicaid pregnancy-related services; and
- To assist women in preventing sexually transmitted infections.

Program Highlights:

Family planning services and supplies are limited to those services and supplies whose primary purpose is family planning and which are provided in a family planning setting. Family planning services and supplies include:

- Approved methods of contraception;
- Sexually transmitted infection (STI)/sexually transmitted disease (STD) testing, Pap smears and pelvic exams;
 - Note: The laboratory tests done during an initial family planning visit for contraception include a Pap smear, screening tests for STIs/STDs, blood count and pregnancy test. Additional screening tests may be performed depending on the method of contraception desired and the protocol established by the clinic, program or provider. Additional laboratory tests may be needed to address a family planning problem or need during an inter-periodic family planning visit for contraception.
- Drugs, supplies, or devices related to women’s health services described above that are prescribed by a health care provider who meets the State’s provider enrollment requirements (subject to the national drug rebate program requirements); and
- Contraceptive management, patient education, and counseling.

Family planning-related services and supplies are defined as those services provided as part of or as follow-up to a family planning visit. Such services are provided because a “family planning-related” problem was identified and/or diagnosed during a routine or periodic family planning visit. Examples of family planning-related services and supplies include:

- Colposcopy (and procedures done with/during a colposcopy) or repeat Pap smear performed as a follow-up to an abnormal Pap smear which is done as part of a routine/periodic family planning visit.
- Drugs for the treatment of STIs/STDs, except for HIV/AIDS and hepatitis, when the STI/STD is identified/diagnosed during a routine/periodic family planning visit. A follow-up visit/encounter for the treatment/drugs and subsequent follow-up visits to rescreen for STIs/STDs based on the Centers for Disease Control and Prevention guidelines may be covered.
- Drugs/treatment for vaginal infections/disorders, other lower genital tract and genital skin infections/disorders, and urinary tract infections, where these conditions are identified/diagnosed during a routine/periodic family planning visit. A follow-up visit/encounter for the treatment/drugs may also be covered.
- Other medical diagnosis, treatment, and preventive services that are routinely provided pursuant to family planning services in a family planning setting. An example of a preventive service could be a vaccination to prevent cervical cancer.
- Treatment of major complications arising from a family planning procedure such as:
 - Treatment of a perforated uterus due to an intrauterine device insertion;
 - Treatment of severe menstrual bleeding caused by a Depo-Provera injection requiring a dilation and curettage; or
 - Treatment of surgical or anesthesia-related complications during a sterilization procedure.

Program Timeframes:

| Demonstration Year (DY) X | Begin Date | End Date | Quarterly Report Due Date (60 days following end of quarter) |
|---------------------------|------------|----------|--------------------------------------------------------------|
| Quarter 1 | | | |
| Quarter 2 | | | |
| Quarter 3 | | | |
| Quarter 4 | | | |

Significant Program Changes: List or add “none for this quarter”

Policy issues and challenges: List or add “none for this quarter”

Enrollment

Narrative on trends and explanation of data.

Explain fluctuations of 10% or more from previous quarter and previous year, same quarter.

| DY X: FFY 20XX | Quarter X | | |
|----------------------|------------------------------------|--------------|------------------|
| | Month Day, Year to Month Day, Year | | |
| | Population 1 | Population 2 | Total Population |
| # of Newly Enrolled | | | |
| # of Total Enrollees | | | |
| # of Participants | | | |
| # of Member Months | | | |

Population 1: Women losing Medicaid pregnancy coverage at the conclusion of 60 days postpartum and who have a family income at or below 201 percent of the Federal Poverty Level (FPL) at the time of annual redetermination.

Population 2: Women who have family income at or below 201 percent of the FPL.

(***New chart will be added for new quarter. Previous charts will remain on report.)

Participants, Services and Providers

Participants

Narrative to include reported number of participants in the program (number of enrollees who actually accessed services through the program)

Service Utilization

A listing of the top five services provided during the current quarter.

Provider Participation

Narrative to include the reported unduplicated count of current provider participation based on claims.

Program Outreach Awareness and Notification

General outreach and awareness efforts that occurred during the quarter. These are efforts geared toward provider education and notification of changes within the program.

Program Evaluation, Transition Plan and Monitoring

Program Evaluation, Renewal, and/or transition plan status updates.

Narrative summarizing any state fair hearings that were requested by program participants.

Quarterly Expenditures – CMS-64 report

| | Demonstration Year X | | | |
|----------------------------------|------------------------------------------------|-------------------------------------------------------|----------------------------------------------|------------------------------------------|
| | FFY XXXX | | | |
| | Month Day, Year to Month Day, Year | | | |
| | Service Expenditures as Reported on the CMS-64 | Administrative Expenditures as Reported on the CMS-64 | Total Expenditures as Reported on the CMS-64 | Expenditures as requested on the CMS- 37 |
| Quarter X Expenditures | | | | |
| Total Annual Expenditures | | | | |

(***New chart will be added for new quarter. Previous charts will remain on report.)

Activities for Next Quarter

Narrative to report on any anticipated activities for next quarter.